

# NEW PATIENT REGISTRATION

**Thank you for giving the Argonne Animal Hospital the opportunity to care for your pet!**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_ Text: y/n

Work Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_ Text:y/n

\*Email \_\_\_\_\_

In case of emergency, may we call you at work? Yes or no

Emergency contact: name/phone

Personal Recommendation-who we may thank: name/phone

Has your pet been to a veterinarian before: yes/ no      Date of last exam:

If so, is there a reason for changing?

Previous Animal Hospital:

Please note: Your privacy is important to us.  
All information received in all forms and through other communications is subject to our **Patient Privacy Policy**.

## PET INFORMATION

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Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Species: Dog / Cat / Markings or color: \_\_\_\_\_ Male/female      Spay/neutered: yes/no

What prior illnesses should we know about:

What prior surgeries should we know about:

What prior drug allergies should we know about:

Has your pet had a dental cleaning? Yes/ no      date:

Routine dental home care products used:

What type of flea and tick control are you presently using?

year-round: yes/no

What type of Heartworm prevention are you using?

year-round: yes/no

Is your pet current on vaccinations: yes/no -please give us your pet's vaccination history so we can review for you

Has your pet had any vaccine reactions in the past: yes/no, if so what happened:

Does your pet take any medications routinely beside preventative meds and how often:

Does your pet take any supplements and how often:

What is your pet's diet:

What else does your pet eat:

What is your pet's favorite activity:

Do you routinely wash your pet at home: yes/no

Does your pet go to the groomer: yes/no

Does your pet go to the dog parks, day care, or boarding facilities: Yes/no

How many hours each day does your pet spend outside:

Do you have any behavioral concerns about your pet:

Does your pet like seeing the veterinarian: Yes/no

How many pets are there at the home:

Does your pet get routine exercise at home: yes/no

What is your pet's current medical problem:

**Do you feel your pet is a member of the family? Yes/no**

**Would you like to be informed about medicine and procedures to lengthen and improve your pet's life? Yes/no**

**At the Argonne Animal Hospital, we know your pet is your best friend; your loyal companion; and your family!  
We are glad you are here.**

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**All payments are due at the time of services rendered.**

We accept cash, checks, all major credit cards, & Care Credit which can be approved in as little as 10 minutes.

I have read and understand the above statements and agree to all terms therein.

I certify that I am the owner and or agent of the above animal and have the authorization to consent to treatment if and when it is needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you give Argonne Animal Hospital permission to use photographs or videos of your pets in social media: yes/no  
initial: